

**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CS (SEMIAMBULATORY)

**Facility Information**

**Facility Name:** ARK HAVEN FOR THE ELDERLY (0009966)

**Address:** 8050 W APPLETON AVE, MILWAUKEE, WI 53218

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/01/2003

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0096530      **End Date:** 03/16/2006      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #10008902    Served 03/16/2006

Deficiencies Cited  
83.43(3)(b)1

Subject Area  
TESTING BY SERVICE COMPANY

Compliance  
Verified  
06/22/2006

Corrected  
Yes

**Survey ID:** 0094823      **End Date:** 05/12/2005      **Type:** OTHER      **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0094540      **End Date:** 03/30/2005      **Type:** OTHER      **Purpose:** DESK REVIEW

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10009092    Served 04/15/2005

Deficiencies Cited  
50.065(6)(b)

Subject Area  
CREDENTIALLED CAREGIVERS

Compliance  
Verified  
04/30/2005

Corrected  
Yes

**Survey ID:** 0094179      **End Date:** 02/02/2005      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

*Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.*

**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CS (SEMIAMBULATORY)

**Survey ID:** 0091201      **End Date:** 09/26/2003      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #10008914    Served 10/15/2003

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL	02/02/2005	Yes
83.14(8)	DOCUMENTATION	02/02/2005	Yes
83.21(4)(w)	SAFE ENVIRONMENT	02/02/2005	Yes
83.41(5)(d)2	HOT WATER TEMPERATURES	02/02/2005	Yes

---

*Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.*

**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CS (SEMIAMBULATORY)

**Enforcement History**

**Date:** 04/13/2005      **SOD #**10009092      **Appealed:** No

Sanctions

COMPLY WITH REQUIREMENT

*Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.*

**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CS (SEMIAMBULATORY)

**Complaint History**

**Date Complaint Received: 05/31/2006**

**Date Investigation Completed: 06/22/2006**

Subject Area(s)

RESIDENT RIGHTS  
NUTRITION & FOOD SERVICES  
ADMINISTRATION  
STAFF ADEQUACY

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 01/24/2006**

**Date Investigation Completed: 03/13/2006**

Subject Area(s)

HOMELIKE ENVIRONMENT & CLEANLINESS

Result

NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 08/13/2004**

**Date Investigation Completed: 02/02/2005**

Subject Area(s)

SUPERVISION  
RESIDENT RIGHTS

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

*Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.*